



THE RUDDER

Sailings of the Medical Service Corps



From the MSC Director



Greetings Medical Service Corps! I first would like to extend my congratulations to the 21 newly selected Captains. As we are heavy into the board season, it is always a great time to reflect and focus on what drives us as a Corps. Promotion is an expectation of future potential but as with every board cycle, many great officers are left on the table. Take time to congratulate those who get selected and also encourage everyone to keep steaming ahead. Remember leadership is a contact sport.

The Surgeon General recently held his annual Leadership Symposium where we were honored to hear from many of the Navy/Marine Corps senior leaders. This included the Secretary of the Navy, the Chief of Naval Operations, the Commandant of the Marine Corps, and the Chief of Naval Personnel. The CNP spent some time covering the recently released Brilliant on the Basics II NAVADMIN. This initiative is a reinvigoration of the first Brilliant on the Basics that was promulgated by then-CNP VADM Harvey in 2008. Two key programs outlined - career development boards (CDBs) and mentorship – are foundational to our

Corps. MSCs are known for their commitment to mentoring juniors and seniors alike. And as we presented at the latest MSC VTC, we are moving into the formal execution of career development boards for our Corps. I encourage everyone to take time review the CDB brief and entire Brilliant on the Basics II NAVADMIN, both of which are posted on milSuite.

Lastly, we have many great command and milestone opportunities available in FY19. The BUMEDNOTEs are signed and I encourage each of you to consider applying for these positions.

Understand that some are better suited for certain skillsets, but we need transformational leaders right now to shape the future of Navy Medicine.

Continue to commit yourself to the excellence for which we are known for. Thanks for all you do every day supporting our great Navy!

*"There are no extraordinary men...
Just extraordinary circumstances
that ordinary men are forced to
deal with."*

- Admiral William Halsey

RDML Anne Swap

#18

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From the Corps Chiefs Office

In Memoriam

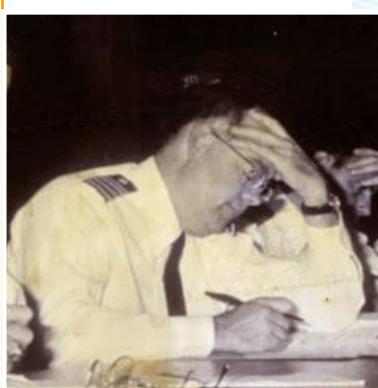
CAPT Paul E. Campbell (ret), MSC, USN



Virginia Beach, VA - Captain Paul E. Campbell, 80, of Virginia Beach, passed away peacefully on April 2, 2018.

Paul was born on November 27, 1937 in Essex, Missouri to Elsie Campbell. He graduated from Kamehameha High School in Hawaii, and received a Bachelor of Science and Environment Health degree in 1973 from George Washington University and a Masters of Health Science from Johns Hopkins University in 1974.

CAPTAIN Campbell enlisted in the Navy in 1955 and served our country for 42 years. He rose through the ranks to become a Chief Petty Officer in 1966, was commissioned shortly after, and again rose to the rank of Captain. His service included malarial research in the jungles of Columbia where he rode a donkey and called himself the Navy Cavalry. He was the Officer in Charge at the Little Creek Boone Clinic where he was told to "go fix it." He served in Washington DC and Norfolk VA in the medical field. Captain Campbell was then selected as Commanding Officer of Naval Hospitals in Guantanamo Bay, Beaufort, S.C. and Patuxent River, from where he retired in 1997.



CAPT Campbell at work at the Leadership Working Group in 1993

After retiring, he joined the Virginia Beach Master Gardeners, where he was President for 2 terms and named Volunteer of the year in 2006 by the Rotary Club of Virginia Beach. Paul enjoyed being with his grandchildren and great grandchildren.

He was the beloved, and happily married husband of Jeanne Knapp Campbell for 59 years, loving father of Debbie Free (Don), Shari Hall, David Campbell, Jim Campbell (Abbey), Beth Cullivan (Rich). He is also survived by fourteen grandchildren and 6 great-grandchildren.

"I knew Paul. He was a good man and a great naval officer. I will miss him."

— Marshall Duny

"Paul was a great leader in the MSC and mentored many! Best regards to you both!"

— Stephen "Todd" Fisher

A Memorial service will be held at St. Nicholas Catholic Church on Saturday May 26, 2018 at 11:00 am followed by a reception. In lieu of flowers memorial contributions may be made to St. Nicholas Catholic Church, 712 Little Neck Road, Virginia Beach, VA 23452.

From the Corps Chiefs Office

BRAVO ZULU

To all the Medical Service Corps Capitan Selects!

Anderson, Robert Lee II
Green, Darryl Edward
Hagen, James Raymond
Herwitz, Marc David
Howard, William Rawling
Kindling, Leslie Alice
Poulin, Donna
Read, Margaret Marie
Saitzyk, Arlene Ruth
Sharp, Thad Jeffery

Cooperman, Kathleen K
Green, Rona Denise
Hatch, Brian Clair
Holcomb, Matthew J
Jones, Franca Rebecca
Plummer, William J III
Quick, James Curtis III
Repass, Jeffrey Jordan
Schoonover, Ronald Lee
Wooten, Danielle M



From the Corps Chiefs Office

Customs and Heritage

Honoring Our Shipmates

The Heritage of the Military Funeral and Burial at Sea

#1 Rank Reversal

At a military funeral, honorary pallbearers and other mourners are positioned in reverse order of rank, a custom derived from the Ancient Romans to show that, at death, all are equal.

#2 Three Volleys

Three volleys are fired by a firing detail of seven riflemen, a custom that follows an old superstition to scare away evil spirits. Three volleys were also fired during the European dynastic wars when fighting was halted to remove the dead and wounded.

#3 Taps

The sounding of Taps was first played at a Civil War funeral in place of the three funeral volleys so as not to reveal the battery's position to the nearby enemy. Taps is a bugle call that comes from the French "L'Extinction des feux," meaning "lights out."



#4 National Ensign

The National Ensign is held over the casket or urn throughout the funeral service. This custom was done by the British Guard in the days before the American Revolution to show that the State takes responsibility for a soldier's death. The flag is folded 13 times and presented to the family of the service member.



FUNERAL HONORS & WHAT THEY INCLUDE

The following chart illustrates what is included in the funeral of a service member based on his or her military status. The military funeral honors detail for veterans consists of a minimum of two uniformed military persons, with at least one being a member of the veteran's branch of service.

	BODY BEARERS	FIRING DETAIL	SOUNDING OF TAPS	CEREMONIAL FLAG	HEADSTONE OR MARKER
ACTIVE DUTY & MEDAL OF HONOR RECIPIENTS					
RETIREES					
VETERANS					

BURIAL AT SEA



Burial at sea has taken place as long as people have gone to sea. Long ago, the body was sewn into a weighted sailcloth and slid into the sea. Today, burials at sea are conducted in a similar manner to shore funerals.



DID YOU KNOW?

During a military funeral, the casket is carried to the grave foot end first, except in the case of a chaplain's funeral. The body of a chaplain is carried head first in accordance with an old custom that, even in death, a chaplain should always face his or her flock.

Sources: Bureau of Naval Personnel Manual 15556D; U.S. Department of Veterans Affairs National Cemetery Administration; "Naval Ceremonies, Customs, and Traditions Sixth Edition" by Royal W. Connell and William P. Mack; Office of the Secretary of Defense - Defense Manpower Data Center. Photo credit: Official U.S. Navy file photos. Infographic by Annalisa C. Underwood, Naval History and Heritage Command, Communication and Outreach Division.

Medical Service Corps Facebook Closed Group

If you would like to join, please go to
<https://www.facebook.com/groups/usnavymsc>

Newsletter Submissions

Pictures, stories, and any other input can be submitted by forwarding to:

usn.ncr.bumedfchva.lis.t.msc-corps-chiefs-office@mail.mil

For pictures, please include location, rank, first and last name, subspecialty, and a short caption.

When making submissions, please ensure photos have been approved by your local Public Affairs Officer prior to submission.

Newsletter Editor

LCDR V. Deguzman

Newsletter Staff

LCDR D. Zweiback

LCDR A. Espiritu

LT B. Tice

From the Detailers

ADDITIONAL QUALIFICATION DESIGNATIONS (AQDS):

Reference: Manual of Navy Officer Manpower and Personnel Classifications Volume I, Major Code Structures NAV-PERS 1589I, April 2017, Part D and can be viewed at:

<http://www.public.navy.mil/bupers-npc/reference/noc/NOOCVOL1/Pages/default.aspx>

Detailers award most AQDs. The officer requesting the AQD must provide the detailer the three character code, along with all documentation needed to qualify for the AQD.

There are some AQDs that are not awarded by your detailer. These include:

Joint Service AQDs, including Joint Professional Military Education, are managed by Joint Matters (PERS-45J):

<http://www.public.navy.mil/bupers-npc/officer/Detailing/jointofficer/Pages/default.aspx>

Executive Medicine (67A) and Managed Care Coordinator (67G) are awarded by the detailer upon notification from NMETC that all competencies of the Joint Medical Executive Skills Development Program have been met. POC is Mr. Clinton Garrett at: clinton.a.garrett.civ@mail.mil

Global Health Specialist (68M) is awarded by the detailer upon notification from BUMED Office of Global Health Engagement that all requirements have been met. POC is CAPT Carlos D. Williams at: carlos.d.williams.mil@mail.mil

NEW SCIENTIST & PA DETAILER

PERS-4415 welcomes CDR John Griesenbeck who is coming to us after completing an XO tour at 3rd Medical Battalion, 3rd Marine Logistics Group, Camp Foster, Okinawa. He is in the process of turnover with CDR Chuck Wilhite. His phone number will be 901-874-4115 and his email will be distributed once an account is established. CDR Wilhite is transferring 18 May to Navy Environmental and Preventive Medicine Unit 6 where he will report as the OIC. We wish him and his family well!

MSC Detailers

CAPT Jody Dreyer (Senior MSC Detailer/HCC/Med Techs)
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CDR Rona Green (HCA)
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(901) 874-4120

CDR Chuck Wilhite (HCS/PAs)
Charles.wilhite@navy.mil
(901) 874-4115



Specialty Spotlight: ENTOMOLOGY

Billet types:

- USMC: 6 billets with 1st, 2nd, and 3rd Med Battalion
- EPMU: 10 billets with 2,5,6,7
- Navy Entomology Center of Excellence: 11 billets
- Navy and Marine Corps Public Health Center: 2 billets
- Naval Medical Research Center
- NAMRU-2 Asia (Singapore), 3 (Cairo/Sigonella), 6 (Lima Peru)
- Centers for Disease Control and Prevention
- United States Department of Agriculture, Center for Medical and Veterinary Entomology
- Armed Forces Pest Management Board: 2 billets
- Uniformed University of the Health Sciences
- US Air Force Academy-Associate Professor

Navy Entomology is one of smallest communities in the Medical Service Corps, but like the arthropods and vector transmitted diseases they specialize in, they can be found just about anywhere from assignments with the Marines, field activities of the Navy and Marine Corps Public Health Center, the Centers for Disease Control and Prevention (CDC), the United States Department of Agriculture (USDA), the US Air Force Academy, in Executive Medicine positions, at OCONUS and CONUS research facilities, and engaged in disease control projects around the globe.

Despite the variety of assignments, Navy entomologists share one common focus and that is prevention of deadly and debilitating disease in deployed personnel. As evidence of that commitment, Navy entomologists have had one of the highest operational tempos in the Medical Service Corps. During the last decade, the community of 38 scientists was deployed for a cumulative total of over 45 years in support of Army, Navy and Marine Corps units on contingency missions including Operation Enduring Freedom, Operation Iraqi Freedom and humanitarian/

disaster relief missions like Operation Unified Response-Haiti and Operation Tomadachi.

The commitment to deployed disease prevention carries over to readiness and training in which the Navy Environmental Preventive Medicine Units (NEPMUs) in Norfolk, VA, San Diego, CA, Pearl Harbor, HI, and Rota, Spain and the Navy Entomology Center of Excellence (NECE) in Jacksonville, FL, provide unique, world class education to the next generation of military and civilian disease control specialists through a variety of courses on vector surveillance, identification and control as well as the discovery and development of cutting edge technologies including new pesticides and pesticide delivery equipment.

The tactics and techniques developed by DoD entomologists to combat vector-borne disease are tested at domestic sites like NECE and overseas labs in Singapore, Egypt, and Peru and are utilized to support not only combat troops but are transferred to partner nations during annual humanitarian assistance missions like Operation Pacific Partnership, Operation Continuing Promise, and Southern Partnership Station. Disease prevention and control depends on establishing comprehensive programs, often times in areas where none currently exist. Navy entomologists are world-class experts in this element of Global Health Engagement so in collaboration with the World and Pan-American Health organizations, CDC, and the United States Agency for International Development (USAID), they help build partner nation capacity by providing sustainable training in vector-borne disease control to international public health professionals and currently serve as the vector control consultants for Rwanda, Nigeria, Uganda, Ghana, Cameroon, and Liberia as part of the President's Malaria Initiative (a program that has saved countless lives) demonstrating that while a small part of the Navy Medicine team, Navy entomology has a global impact and helps keep the Navy and Marine Corps family ready, healthy and on the job.

Continued on page 7

Entomology

Subspecialty Code: 1850

Billets: 38

End Strength: 38

Reserve Billets: 6

Reserve End Strength: 4



Specialty Spotlight: ENTOMOLOGY

Continued from page 6



Jacksonville, FL - Navy entomologist ENS B.W. Rastall tests vector control equipment in Jacksonville, FL circa 1950.



The Early Years



Jacksonville, FL - Pictured in the middle is LCDR John Hirst, Navy Entomologist and first OIC of the U.S. Naval Malaria and Mosquito Control Unit 1 in Jacksonville, FL, which would eventually become the Navy Entomology Center of Excellence.

Specialty Spotlight: ENTOMOLOGY

Continued from page 7



Haiti - LT Montgomery, Mr. Estep, and LCDR Sutherland (left to right) from the Navy Entomology Center of Excellence (NECE) collecting mosquito larvae in Haiti used to conduct in-field molecular extraction and initiation for sequencing analysis for vector identification, Insecticide Resistance characterization, and pathogen testing.



Comayagua, Honduras - LCDR Fisher from NAMRU-6 flagging for ticks in Comayagua Honduras near cattle grazing as part of annual Global Emerging Infections Surveillance (GEIS) efforts for arthropod disease vectors in collaboration with Preventive Medicine from Soto Cano Air Base and Joint Task Force-Bravo.



Gainesville, FL - LT Helmy processing adult mosquito specimens for analysis at the USDA Center for Medical, Agricultural, and Veterinary Entomology (CMAVE).



Guatemala - LCDR Gourdine conducting mosquito surveillance during a visit to a local village in Guatemala as part of Continuing Promise 17.

Get engaged on
the latest updates on the MSC!



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Specialty Spotlight: ENTOMOLOGY



Camp Pendleton, CA - LCDR Dunford evaluating the Disease Vector Component of the FDPMU Team 6 during its Operational Readiness Evaluation in Camp Pendleton, CA.



Liberia - LCDR Diclaro reviewing procedure to process samples for long term storage in liquid nitrogen freezer in Liberia as part of the Joint West Africa Research Group project RV466.



Yaounde, Cameroon - LT Montgomery (center) and the principal research associates at the Centre for Research in Infectious Diseases (CRID) in Yaounde, Cameroon. As part of his duties with the USAID/Center for Disease Control's President's Malaria Initiative, LT Montgomery works closely with in-country laboratory partners to implement entomological monitoring and insecticide resistance management.



Federal States of Micronesia - LT Harwood assisting Yap Department of Health Services Inspectors control dengue vectors breeding in tires during a Global Health Engagement with the Federated States of Micronesia.

Get engaged on **milSuite** to get the latest updates on the MSC!

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Specialty Spotlight: ENTOMOLOGY



Hambantota, Sri Lanka - In support of Pacific Partnership 17, LT Fiorenzano conducts mosquito surveillance around the Sri Lankan Regional Directorate Health Services in Hambantota, Sri Lanka to demonstrate the cryptic larval habitats of mosquito vectors.



Camp Pendleton, CA - LT James Brennan, FDPMU Disease Vector Component lead, working scenarios during 2017 Operational Readiness Evaluation, Camp Pendleton, CA.



Columbia - LCDR Ian Sutherland teaches an entomology class for 78 children at República de Colombia Elementary School during a Southern Partnership Station 17 community relations project (COMREL). (Photo by Mass Communication Specialist 1st Class Jeremy Starr)



San Diego, CA - LT Knapp providing disease vector control equipment instruction to Sailors and Marines of NEPMU-5 and 1st Medical Battalion as part of an annual PREVMED EX.

Share your photos, sea stories, and BZs to **THE RUDDER**

Submit them through your chain of command to: [MSC Corps Chief's Office](#)

MSCs in Focus

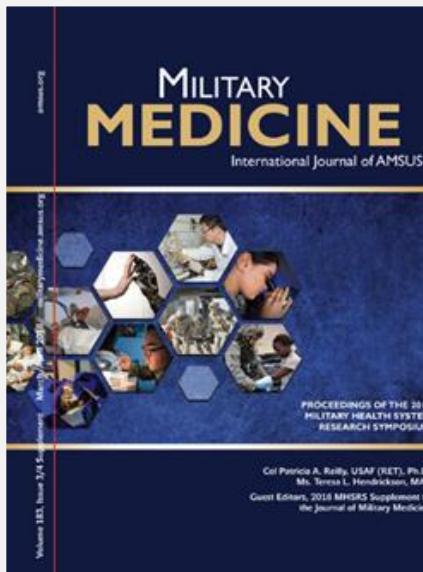


San Antonio, TX - Navy entomologists pose for a photo during the 2018 Triennial DoD Pest Management Workshop held on March 19-23 at Joint Base San Antonio, Lackland Air Force Base. The participants provided updates on new vector management tools and techniques as well as participated in a capstone exercise that culminated with group solutions to real life vector management scenarios. Pictured left to right: LCDR Michael Kavanaugh, LCDR Jeff Hertz, CDR Katie Barnes, LCDR Connie Johnson, CDR Dan Szumlas, CAPT Eric Hoffman, CAPT Mike Medina, LCDR Roxanne Burrus, LTJG Tali Cohen, and LCDR Jinaki Gourdine.



Picture on left: Falls Church, VA - CAPT Ray Stiff (pictured left) presents CAPT John LeFavour with his going away gift from BUMED. CAPT Stiff is the Deputy Corps Chief and an Industrial Hygiene Officer, and CAPT LeFavour was the Executive Assistant to the Surgeon General and a Healthcare Administrator. Picture on right: Bethesda, MD - CDR Gerald Burke, Radiation Health Officer, Head, Health Physics Department and Interim Deputy Director, Armed Forces Radiobiology Research Institute and OIC, Operations, Uniformed Services University, attends the 132nd Interagency Institute for Federal Health Care Executives course on 9 - 20 April.





Observations of PEDIATRIC DISEASE PREVALENCE From Pacific Partnership 2015

By CDR Harlan F. Dorey, MC, USN*; Jonathan M. Dorey, BA#; CDR Natalie J. Burman, MC, USN†; LCDR Damita J. Zweiback, MSC, USNR‡; LCDR Jessica M. Hameed, MC, USN§; LT Janelle R. Kringel, MC, USN*; LCDR Allyson E. Whalen, NC, USN*; LT Rohan A. Jairam, MSC, USN*

ABSTRACT Pacific Partnership is an ongoing yearly humanitarian assistance mission to Pacific Rim countries. Although many case reports and surgical successes have been documented, few data have been published specifically about the primary care mission. This article analyzes outpatient pediatric data collected during Pacific Partnership 2015. Eleven different providers documented care delivered to children from birth through age 18 yr, inclusive. Personally de-identified data were entered into spreadsheets, sorted according to country visited, and analyzed with IBM SPSS software looking for disease frequency.

One thousand eighty-seven pediatric patients were seen across Fiji, Papua New Guinea (PNG), and the Philippines (PI). Asthma was the first, second, and third most prevalent diagnosis in PNG, Fiji, and PI, with a relative proportion of the total patients seen at 5.4%, 7.2%, and 5%, respectively. In PI, 123 cases of upper respiratory infection were seen, more than four times the next most common diagnosis of normal exam. Thirty-six patients with scabies were seen in Fiji (number 1), with abdominal pain at number 3 (26 cases, 6.5%). Surprisingly, helminths were rarely seen, comprising the sixteenth and fourteenth most common diagnoses in Fiji and PI and only two cases in PNG. Future Pacific Partnership missions can plan medication stock, personnel assignment, equipment needs, and educational literature based on these data.

https://academic.oup.com/milmed/article/183/suppl_1/530/4959971



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Submit them through your chain of command to: [MSC Corps Chief's Office](mailto:MSC_Corps_Chief's_Office)

Holocaust Remembrance Fosters Familial Recollection at Naval Hospital Bremerton

By Douglas H. Stutz, Naval Hospital Bremerton Public Affairs



Bremerton, WA - A lingering trail of terror. Matthew Erlich, key-note speaker for Naval Hospital Bremerton's Holocaust Remembrance Observation, shared how his mother, Felicia Lewkowicz, endured arrest, internment, and death camp sentencing by the Nazis during the Second World War yet managed to survive the harrowing ordeals (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton Public Affairs).

BREMERTON, Wash. (NNS) -- For Lt. Joseph Edouard, listening to Matthew Erlich share his mother's harrowing plight of concentration camp survival under the Nazis was more than a somber history lesson. It was a vivid reminder of a personal family tragedy writ large. Erlich, as key-note speaker discussed how his mother, Felicia Lewkowicz, endured arrest, internment, and death camp sentencing during the Second World War at Naval Hospital Bremerton's Holocaust Remembrance Observance on April 9, 2018. The theme for this year's Holocaust Remembrance Day commemorated on April 12, 2018, was 'The Power of Words,' which Erlich, from the Holocaust Center for Humanity, used to explain the horror of the dehumanizing imprisonment and systematic genocide being carried out at that time that trapped his mother and countless others. "She was born in Krakow, Poland, on June 24, 1924. She remembered playing along the Vistula River as a child," said Erlich, adding that Felicia grew up speaking Polish, along with Yiddish, a linguistic mix primarily of Hebrew and other local dialects from central and Eastern Europe. A family photo taken in 1938 showing eight members was shortly reduced to just Felicia after Nazi Germany invaded Poland on Sept. 1, 1939. Krakow became a suffocating ghetto with the Jewish population persecuted, terrorized, and killed.

Edouard's family also experienced anti-Semitism in Budapest, Hungary. Although Hungary was a Nazi Germany ally in the early years of the war, by 1944 those sentiments had shifted. The initial understanding that no Hungarian Jews would be sent to Nazi Germany concen-

tration camps suddenly became moot. Tens of thousands were rounded up and summarily shipped to their death. The brother of Edouard's grandfather Paul Fejer was sent to a concentration camp never to be seen or heard from again.

Although Fejer wasn't shipped off to a camp, he ended up in a different kind of hell. He was detained and forced into a special Jewish working unit of the Hungarian Army that was tasked to carry out dangerous duties such as detecting landmines and entering fields of fire to retrieve wounded personnel. "It was mind-boggling what he went through. They were given the most dangerous duties. It was like a death sentence but with a slim chance," related Edouard. "There was one time where he was given the choice of going with a group to the left or another group to the right and he chose the left group. Five minutes later the other group was blown up having stepped on a mine. He was lucky."

Erlich's mother finally took it upon herself to simply leave Krakow. She someone made it to the railway depot and climbed onboard a departing train without proper credentials, ample funds or a traveling permit. Using her moxie, she somehow even convinced a group of Nazi German soldiers to hide her from the train conductor when he was checking all passengers for tickets.

Felicia made it to Vienna, Austria, found a job, and even started dating. Yet it was through her boyfriend that she got arrested. When he was detained, a photograph of her that he had was enough for the local authorities to search for her. When they found her in August 1944, she was sent to Auschwitz concentration camp in Poland, less than 40 miles from her hometown of Krakow. "The stench alone of the camp was bad enough," Erlich shared. The Auschwitz gas chamber and the crematoria were always in use. Although estimates vary, it's approximated that 100,000 to 250,000 people were exterminated at the camp. "There was ash from the crematoria falling all the time," recounted Erlich.

In late 1944, allied bombers from airbases in Italy were hitting targets in Germany, Hungary, and Poland. Felicia wanted a string of the bombs to drop on the camp and end it all. "But because that did not happen, I am here. My daughter is here. Maybe someday she will do something great," Erlich said.

Continued on next page

The air campaign over Germany forced the Nazis to relocate many camps. Felicia was crammed - stuffed really, with thousands of others - into a cattle car and transported to Bergen-Belsen concentration camp in northern Germany.

"She thought it was pretty good compared to Auschwitz. At least there was no crematoria," said Erlich. But it was

Holocaust Remembrance Fosters Familial Recollection at Naval Hospital Bremerton

By Douglas H. Stutz, Naval Hospital Bremerton Public Affairs

Continued from previous page

The air campaign over Germany forced the Nazis to relocate many camps. Felicia was crammed - stuffed really, with thousands of others - into a cattle car and transported to Bergen-Belsen concentration camp in northern Germany. "She thought it was pretty good compared to Auschwitz. At least there was no crematoria," said Erlich. But it wasn't until mid-April, 1945 that British forces liberated the camp, initially built for 6,000 people, which had swelled to 60,000 prisoners. "Almost all with lousy teeth, scurvy, and typhus," Erlich said.

There were times when Felicia's resolve weakened. Other times, she reached deep down to defiantly show her will to survive. Commandant Josef Kramer once hit her across the head and made her stand outside in the snow for hours without shoes. Others would come by and drop pieces of cloth to put under her feet. She was so angry that she didn't need them. That anger fueled her motivational fire to survive.

After being liberated by the British, Felicia assisted them in helping other camp survivors at the displaced persons camp at Lingen, Germany due to her ability to speak Polish, German and French, as well as Yiddish. It was there she met a Polish-British service member, Arthur Erlich, also from Krakow. She ended up in Paris, France, studying to become a seamstress. Arthur and Felicia married and on July 3, 1948, immigrated to Canada before settling in Minnesota, where Matthew was born. The marriage didn't last. Arthur's notion of a wife was one focused on cooking and cleaning. Felicia's notion was being part of the world and seeing as much of it as she was able. Although she suffered bouts of post-traumatic stress disorder, her backbone proved to be her strongest attribute. "Arthur was old-school. Felicia's personality outshined anything. She had the spirit and will to live," Erlich said.

After relocating to the Monterey Peninsula, Calif., Felicia worked in providing banquet support from Camel to Pebble Beach to Pacific Grove. Interspersed throughout Erlich's historical lecture were short video clips of his mother addressing the camera and sharing her thoughts on her arduous journey.

Erlich noted that his mother often used what he refers to as 'holocaust humor' to make light of the deplorable and appalling conditions she was in. One such example was the time a gentleman mentioned that he was a train enthusiast and commented to Felicia that he had once been a hobo and 'rode the rails for free.' Without missing a beat, Felicia replied back that she too, had 'rode the rails for free.'

Felicia died in 2009 due to the effects of stage 4 lung cancer. She was almost 86 years young at her passing.

"She was not afraid. She had already seen death," stated Erlich.

Edouard's grandfather also survived the war, yet before he was free to return home, he spent an additional year in a Russian prison camp in the frozen vastness of Siberia. Fejer, like Felicia and many others, were physically and psychologically hardened to survive. "My grandfather was like a dad to me. Along with my mother, he helped raise me. We had a close bond. He didn't like to talk a lot about his experiences during that time and although he wasn't that religious, he still paid a terrible price," Edouard said.

Historical accounts estimate that approximately six million European Jews - as well as other 'undesirables' such as Gypsies, Slavs, ideological and political opponents - were killed by the then-German Nazi regime from 1933 until 1945.

For more information, visit www.navy.mil, www.facebook.com/usnavy, or www.twitter.com/usnavy. For more news from Naval Hospital Bremerton, visit www.navy.mil/local/nhb.



Bremerton, WA - Family tragedy remembered and commemorated. Lt. Joseph Edouard of Naval Hospital Bremerton (NHB) reflects with Matthew Erlich from the Holocaust Center for Humanity after Erlich shared the harrowing plight of concentration camp survival of his Polish mother under the Nazis in the Second World War during NHB's Holocaust Remembrance Observance on April 9, 2018. Edouard's family also suffered through similar horrors in Hungary during that time (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton Public Affairs).

MSC Physiologist Improves Warfighter Safety and Readiness through Transition of Novel Thermal Equipment for use in Extreme Cold Undersea Environments

By: LCDR Seth Reini, PhD, MSC, USN



Panama City, FL- LT Garrett Morgan observing diver research subjects preparing for dive operations in the Ocean Simulation Facility during deep cold water testing of the RINI FDHS.

The ability to warm undersea operators to allow for safe mission execution and enhanced capacity to work freely in extreme underwater environments has long been a needed capability for the warfighter. Recently, LT Garrett Morgan, an active duty Research Physiologist stationed at the Navy Experimental Diving Unit (NEDU) in Panama City, FL, conducted a study which resulted in this force-multiplying agent coming into fruition for use in operational environments. LT Morgan, also a prior-enlisted Navy Diver, didn't need his experience from his enlisted time to tell him that a 9 hour dive in 35°F water is not an easy feat to accomplish even with top-of-the-line thermal equipment. Lucky for him, his job for this high-priority study was to monitor core temperature data on a computer monitor rather than volunteering to execute a dive in near-freezing water. Instead, it was the job of the 26 SEAL and Special Operations Force (SOF) divers that had volunteered to participate in order to test the ability of the RINI Free-swimming Diver Heating System (FDHS) thermodynamic heat pump to mitigate thermal stress during extended cold water dive operations.

The FDHS is a portable unit that pumps warm water through a tube suit worn by divers under a dry or semi-dry suit. Such portable technologies are essential for long dura-

tion open water dives where divers launch for a mission untethered from any topside support.

This was the second phase of testing and evaluation of the RINI FDHS at NEDU and the second major research effort led by LT Morgan since his arrival on station. The first phase of testing confirmed that the RINI FDHS could maintain core and skin body temperatures above required levels for extended periods of cold water diving at depth. This latest round of testing was designed to interrogate the ability of the FDHS to maintain safe and functional thermal status of divers during very long deep dives that closely model the parameters of operational dives currently conducted by SEAL and SOF personnel. In other words, LT Morgan and his research team were testing once and for all whether the current configuration of the FDHS could perform in a full mission profile experience. If so, then the elusive goal of keeping SOF divers thermally stable during extreme profile open water diving missions may finally be reached. It is often said among Navy scientists that specialize in the area of thermal protection that it is easier to keep an astronaut warm in outer space than a diver on the bottom of the ocean. Decades of research with no practical solutions yet attained, would speak to the difficulty of meeting this seemingly simple operational requirement.

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MSC Physiologist Improves Warfighter Safety and Readiness through Transition of Novel Thermal Equipment for use in Extreme Cold Undersea Environments

By: LCDR Seth Reini, PhD, MSC, USN

Continued from previous page

LT Morgan, not previously a thermal protection expert, but well-versed in the areas of operational dive environments and scientifically valid experimental design, was called upon by his command to take the lead on the most promising diver thermal protection project in many years. Indeed, MSC Research Physiologists are poised to provide programmatic and scientific support as needed to the various research laboratories in the Department of the Navy, and always in direct support of warfighter safety, performance, and readiness. LT Morgan's effort was urgently needed for the timely and successful completion of the Rini project.

With support from a small group of very dedicated and highly competent program managers at Special Operations Command (SOCOM), LT Morgan designed a research protocol that would involve nearly eighty dives in 35°F water and test the limits of the FDHS and thirty of the world's toughest military divers. With the assistance of nearly every department at NEDU, and that of dozens of highly committed and motivated active duty and civilian experimental diving experts, LT Morgan's research team executed the research protocol on schedule and without incident.

Two months of diving later enough critical data was collected from the FDHS and research subjects to conclude that the US Navy may finally have a viable option for keeping divers warm during long deep open water missions. As

with any new military technology, the FDHS is not a perfect system and will likely require more development and more testing to be considered an all-purpose piece of dive equipment. For the SEAL and SOF divers who participated in the study, however, their unit commanders had seen enough. With the support of the study findings and general guidance reported by LT Morgan following completion of testing, select groups of SOF divers were able to acquire their own Rini FDHS units, and add them to their toolboxes.

The FDHS has since been used successfully during training and operational dives by these groups. Though research and development of thermodynamic heat pump technologies will continue, the FDHS has emerged as the highest performing and most reliable option for mitigating thermal stress in divers during long deep untethered dives. A system like the Rini FDHS may ultimately be incorporated into a larger package of technologies designed keep divers warm during different dive phases or conditions. Whatever final product is ultimately developed and transitioned to the fleet, NEDU and its scientists have provided fleet divers with valuable information needed to safely and successfully utilize a capability that enhances force readiness and helps keep undersea operators safe.



Share your photos, sea stories, and BZs to **THE RUDDER**

Submit them through your chain of command to: [MSC Corps Chief's Office](#)

USNS MERCY OPTOMETRY DEPARTMENT 2018

By LCDR Scott Williams, OD, FAAO, MSC (AsO) USN



Aboard the USNS MERCY (T-AH-19) - Pacific Partnership 2018 Optometry Department from left to right: HM3 Jasmine Kingcade, HM3 Maxwell Warren, HM3 Jasper Seisa, LCDR Brent Collins, Optometrist; LCDR Scott Williams, Aerospace Optometrist; LT Courtney Stuck, Optometrist, HM2 Alvin Meads.

Greetings from the USNS MERCY Optometry Department! Pacific Partnership 2018 is off to a great start. To bring you up to speed after leaving San Diego we enjoyed liberty ports in Hawaii and Guam. While in transit the providers onboard completed the Fundamentals of Global Health Engagement (FOGHE) and Military Medical Humanitarian Assistance Course (MMHAC). In addition, we sorted, and prepared the 10,000 pairs of spectacles onboard that were leftover from previous missions. This became very valuable as we did not receive our shipment of prefabricated glasses until after our first mission stop. In Guam we said goodbye to LT Sultani and HM2 Debarr who are doing great things with the USNS BRUNSWICK. We were able to supply them with nearly 3,000 pairs of glasses for their mission. To prepare for Indonesia our outstanding team of Navy opticians supplemented our glasses supply by fabricating 300 pairs of glasses.

In Bengkulu, Indonesia we participated in four Community Health Engagement (CHE) Optometry events and provided vision screenings and eye exams for 300 patients, and dispensed 240 pairs of glasses. Two of these events were at local elementary schools where we saw children and teachers who were prescreened as having possible vision problems. These events were the highlight of Indonesia for us and the children all wanted photos, high fives, and autographs.



One of the main challenges we faced was the heat. Two of the three ship's air conditioning units stopped working after Hawaii, and required parts to be removed from the USNS COMFORT and flown with technicians all the way around the world to repair. Fortunately after several very hot weeks the A/C is back up and running. An additional challenge was the Indonesian government made a new request for personal information of the crew that conflicted with US sovereign immunity policies. As a result, our time in Indonesia was cut short by a couple days, and we were able to make a brief stop in Singapore to (finally) pick up our glasses, sunglasses, artificial tears, and other supplies. Our next scheduled country is Malaysia, and then on to Sri Lanka where we expect to see the numbers of patients increase dramatically.

LCDR Scott Williams

OD, FAAO, MSC(AsO) USN

Head, Optometry, USNS MERCY (T-AH 19)

MSCs in Focus



Washington, DC - U.S. Occupational Safety and Health Administration (OSHA) Headquarters - On March 9th, CDR Bernard McDonald, Industrial Hygiene Officer, and two Air Force Safety Career Field Managers met with both the acting OSHA Administrator and acting Deputy Administrator to discuss efforts to address the nation-wide problem of the government/private sector needing to hire quality safety and occupational health practitioners to replace the wave of retiring Baby Boomers. Discussed was the extensive pool of former and transitioning military personnel with various levels of safety and occupational health work experience. (LEFT TO RIGHT) CMSgt Joshua Franklin, USAF, outgoing Safety Career Field Manager, Air Force Safety Center; acting Assistant Secretary of Labor for OSHA Loren Sweatt [i.e., acting OSHA Administrator]; CDR McDonald, Deputy Director of the Naval Safety Center Liaison Office to the Office of the Chief of Naval Operations (OPNAV N09F); CMSgt Kevin James, USAF, incoming Safety Career Field Manager, Air Force Safety Center; and acting Deputy Assistant Secretary of Labor for OSHA Richard Mendelson.



Challenge coins were exchanged at the conclusion of the meeting. Pictured is the OSHA Administrator Challenge Coin presented to CDR McDonald and the two CMSgts.



Denver, CO - American Society of Safety Engineers (ASSE) SAFETY 2017 Professional Development Conference - Pictured in the center foreground is CDR Bernard McDonald, Industrial Hygiene Officer, leading an ASSE business meeting as society-wide Vice President, Council on Practices and Standards. In March 2018, McDonald was re-elected to a second, consecutive two-year term by the 37,000 members of ASSE. His second term ends in June 2020.

MSCs in Focus



Norfolk, VA - Public Health Officers participate in the annual Navy and Marine Corps Public Health conference. Pictured Front Row: LT Alexander Buchanan, LCDR Tony Colon, LTJG Derrick Dillabough, LT Magnus Perkins, LT Samantha Ponce, LT Greg Wolfley, CDR Bernard McDonald, LCDR Margaret Parks, LT Daniela Sloan, LT Melissa Balint Middle Row: CDR Brown, CDR Mike Stevens, CAPT Mark Swearngin, LT Sherleen Espinosa, LT Chris Low, LTJG Samantha Howe, CDR Amy Varney, CAPT Doug Putthoff, LT Alex Taupier, LT Takehito Nakagawa, LT Trista Ryno, LCDR Veronika Dimeo, LTJG Meghan Williams Back Row: LCDR Brad Lester, CDR John Porter, CDR Charles Wilhite, CAPT Troy Delong, LT Mike Wing, CDR Cary Isaacson, LCDR Cody Lallatin, LTJG Brandon Lavender, LT Tony Allen, LT Jonathan Kang, LT John Engel, LT Joel Ramirez, LTJG Brian Benson, LT Laura Moody, LT Stefan Nwanduvicent, LT Mike McKenna, LT Jeff Vorwald



Washington, DC - LTJG Yudelca Anderson, Healthcare Administrators, poses for a photo while serving as a volunteer at the 2018 Easter Egg Roll at the White House



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MSCs Around the Globe



Okinawa, Japan - The United States Naval Hospital Okinawa (USNHO) held a Nurse Practitioner/Physician Assistant (NP/PA) day on March 1st 2018. The event was hosted by LT Leticia Banker PA-C, MPAS, MSC who believed it would be educationally beneficial since OCONUS location, high work and operational tempo, and limited off-island opportunities makes it difficult for providers to attend conferences or other specific training. Although USNHO boasts a robust Staff Education and Training Department, a special NP/PA training day provided a chance for both communities to participate in continuing medical education, mentorship, and networking. Throughout Okinawa there are currently 18 PAs from all three Services serving on numerous platforms and performing different roles. Some are permanently stationed on Okinawa while others are here temporarily. Despite the military and base differences, an island wide e-mail group ensured enhanced communication but the collegial interaction truly helped make this event successful. Similarly, there are minimal active duty Nurse Practitioners to include CAPT Kuehner, USNHO's Commanding Officer. Left to right LTJG Keegan Fees (PA), LT Rachel Ames (PA), CDR Randy Panke (PA), LT Aimee Grande (PA), LT Leticia Banker (PA), LT Erica Kaheakuenhada (PA), LT Veronica Gomes (PA), LCDR Diane Kiilehua, NC, CDR Jennifer Miller, NC.



Italy - USEUCOM hosted planners from European components and joint staff for a medical wargame. POMIs Pictured L-R: LCDR Randy Gire, LT Derek Chamberlain, LT Kevin Reid, LT Tammi Lawler, and LCDR Tim Crider.

MSCs Around the Globe



Tokyo, Japan: USNH Yokosuka recently hosted a Dining Out, "A Mutiny at the New Sanno" in Tokyo, Japan. MSCs in attendance included: Back Row: LT Rich Tan, Healthcare Administrator; LT Nelson Guadalupe, Dietician; LT Maccon Buchanan, Industrial Hygienist; LTJG Brandon Mizuhara, Healthcare Administrator; LT Rodney Noah, Comptroller; LT Zachary Hearns, Pharmacist; LT Carlos Lopez, Licensed Clinical Social Worker; LT Daniel Crouch, Environmental Health; LT Oluwole Afuape, Occupational Therapist; LT Kamalan Selvarajah, Healthcare Administrator. Front Row: LT Andrea Baker, Healthcare Administrator; LTJG Eric Gonzales, Healthcare Administrator; LT Jillian Mears, Physical Therapist; LT Shelby Naughton, Dietician; CDR Marcy Morlock, DFA; LT Jaypee Punzal, Healthcare Administrator; LT Stefnie Glazer, Audiologist; LT Elena Tillman, Clinical Psychologist; CDR Linh Quach, Pharmacist.



Stuttgart, Germany - LCDR Joe Diclaro, Entomologist, provides a presentation during the strategic planning session at AFRICOM HQ, which was designed to shape the scope and location of future GHE missions. LCDR Diclaro provided direct support to AFRICOM's Joint West Africa Research Group (JWARG) in their ongoing development of malaria control capacity and capability in Ghana and Liberia. During this evolution, LCDR Diclaro and collaborators provided laboratory training on pathogen identification and helped develop standard operating procedures for vector borne disease diagnostics.

Winner of the March 2018 Crossword Puzzle

CDR Douglas L. Faison, MSC, USN

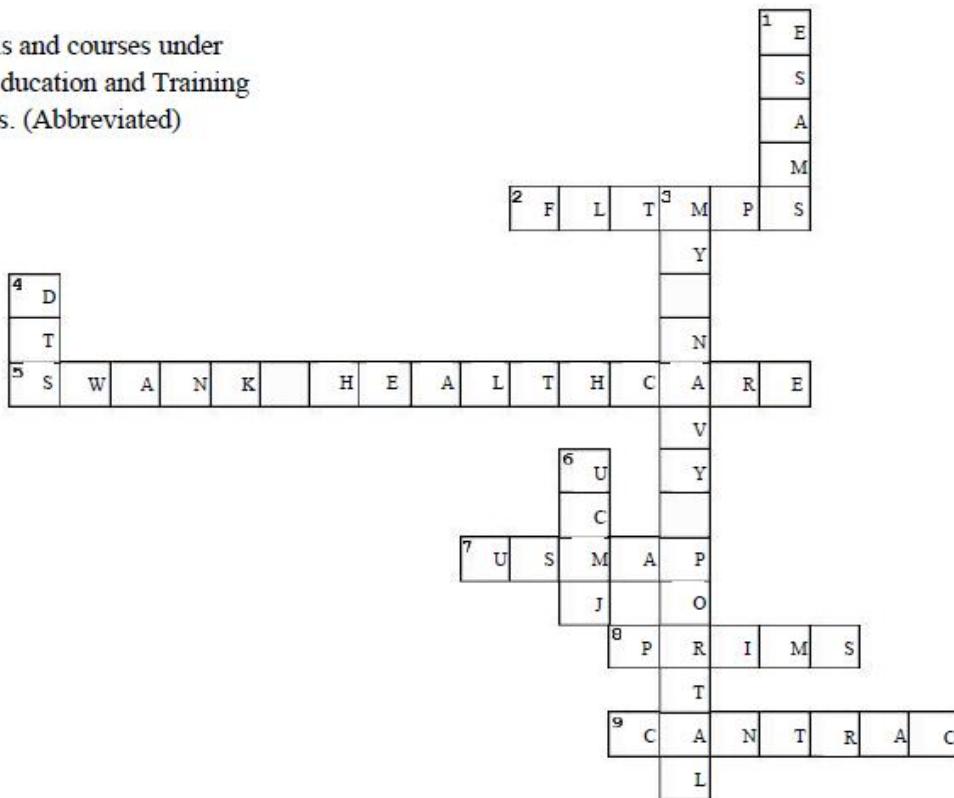
ACROSS

- 2 Web-based system that allows the ability to quickly access many of the training, manpower and personnel reports in the Navy Training Management and Planning System (NTMPS). (Abbreviated)
 - 5 Learning Management System where Sailors can access required training and free Continuing Education (CE) and distribute health care training to the enterprise.
 - 7 Provides Enlisted Sailors the opportunity to complete civilian apprenticeship requirements while on active duty and earn a U.S. Department of Labor "Certificate of Completion" and Journeyman card upon program completion. (Abbreviated)
 - 8 Navy's official source for Sailor's Physical Fitness Assessment (PFA) data used to monitor and track the progress of active-duty and Reserve personnel and identify, screen, educate and monitor members. (Abbreviated)
 - 9 Contains information on schools and courses under the purview of the Chief of Naval Education and Training and other Navy Training Commands. (Abbreviated)



Down

- 1 A safety system management tool that manages Occupational Safety Health (OSH) data requirements including training, mishap reports, direct and indirect costs, medical surveillance, etc. (Abbreviated)
 - 3 Web portal designed to aggregate several personnel, training, and education websites for Sailors into one location with a goal to provide Sailors with a single portal with which they can manage their careers.
 - 4 A fully integrated, automated, end-to-end travel management system that enables DoD travelers to create authorizations (TDY travel orders), prepare reservations, receive approvals, generate travel vouchers, etc. (Abbreviated)
 - 6 Federal law, enacted by Congress, defines the military justice system and lists criminal offenses under military law. (Abbreviated)



April 2018 Crossword Puzzle

By: LT Rommel Rabulan

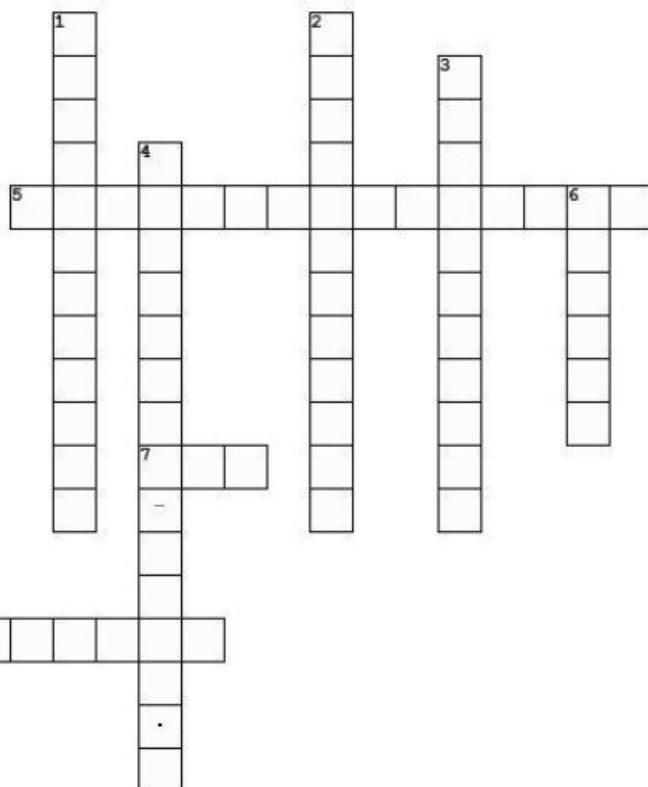
Answers may consist of spaces

Across

- 5 Font text used for official correspondence
- 7 An internal document to record supporting information in the record that is not recorded elsewhere (Abbreviated)
- 8 Express the following date, which is to be part of the sender's symbol on a naval correspondence letter: April 1, 2018
(Hint: Spelling/capitalization is important)

Down

- 1 An individual who signs correspondence under delegated authority will use this term, which will be typed below their name when signing documents under this delegated authority (Hint: Spelling/capitalization is important)
- 2 Consists of a sentence fragment that tells readers what the letter is about on a correspondence letter
- 3 Font text may be used for informal correspondence
- 4 Department of the Navy, Correspondence Manual
- 6 In the absence of the commander/commanding officer/officer in charge, and where specifically authorized by law or regulation, an officer who temporarily succeeds to command shall sign official correspondence with this term typed below their name (Hint: Spelling/capitalization is important)



Scan and email your answers to rommel.r.rabulan.mil@mail.mil. The winner will be recognized and answers provided in the next edition of The Rudder.

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The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Clinical Care Specialties, and Healthcare Scientists. There are over 3,000 active and reserve MSC officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

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